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6/24/04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Alfred Keng Tiong Tan

Application No. 09/730,835

Filed: December 7, 2000



Art Unit: 2661

Examiner:

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Technology Center 2600

For: METHOD AND APPARATUS FOR NON-LINEAR CODE-DIVISION MULTIPLE ACCESS TECHNOLOGY

INFORMATION DISCLOSURE STATEMENT

Box IDS  
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P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

For insuring compliance with the applicant's duty of disclosure under 37 CFR § 1.56, the undersigned hereby submits the documents listed on the attached Form PTO-1449 for consideration by the Examiner in charge of the above-identified patent application.

☐ U.S. patent applications which the applicant considers to be related to the above-identified application are as follows:

☐ A concise explanation of the relevance of the non-English language references is attached:

☐ The relevance of the references is indicated on the enclosed copy of the Search Report for the priority application.

These documents are being submitted (check only one of the next four boxes):

- ☐ within three months of the filing of the above U.S. national application or of the date of entry of the U.S. national stage in an International Patent Application (no fee is due);
- ☒ before receiving a first Office Action on the merits of the above-identified patent application; or before receiving a first Office Action after filing of a Request for Continued Examination (no fee is due);
- ☐ following receipt of a first Office Action, but before issuance of a Final Office Action or a Notice of Allowance (if this box is checked, one of the last three boxes also must be checked);

OR

- ☐ following receipt of a Notice of Allowance or a Final Office Action (if this box is checked, the next box and one of the last two boxes also must be checked).
- ☐ The Commissioner is hereby authorized to charge Deposit Account 19-5127, in the amount of \$180.00 for payment of the fee set forth in 37 CFR § 1.17(p).
- ☐ The undersigned certifies that each item of this information is being submitted within three months of the date it was cited by a foreign patent office in a counterpart application.
- ☐ The undersigned certifies that, after making reasonable inquiry, he/she has no knowledge that any item of this information was cited by a foreign patent office in a counterpart application or was known more than three months prior to this submission.

The Commissioner is hereby authorized to charge payment of any deficiency in the above fee(s) or to charge any additional fees required under 37 CFR § 1.16 or 1.17 or credit any overpayment to Deposit Account No. 19-5127, referencing 19441.0004.

Respectfully submitted,

Date: March 12, 2004



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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number		09/730,835
Filing Date		December 7, 2000
First Named Inventor		Dr. Alfred Keng Fung Tam
Art Unit		2661
Examiner Name		
Total Number of Pages in This Submission	Attorney Docket Number 19441.0004	

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## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p style="text-align: center;"><b>PTO Form 1449 and 36 references</b></p>
<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Remarks</div> </div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert C. Bertin, Reg. No. 41,488 Swidler Berlin Shereff Friedman, LLP 3000 K Street, Suite 300 Washington, DC 20007
Signature	
Date	March 12, 2004

## CERTIFICATE OF MAILING

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